According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0101. The time required to complete this information collection is estimated to average .3 hours per response, including the time for reviewing instructions, search existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

	U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE VETERINARY SERVICES	SCRAPIE TEST RECORD - CONTINUATION SHEET Complete all entries on VS Form 5-29 before using this form.					FLOCK ID PAGE N		APPROVED		
Official ID Number   Other ID Numbers   Other ID	FLOCK OWNER'S NAME - LAST						VETERINARIAN				
	Specimen#	Official ID Number	Other ID Numbe	ers	(pos, sus,	Age	(f,m,cm	(if unknown,	unknown, 3rd Eyelid Info		
L R Unseen  L R Seen									L	R	
L R Seen									L	R	
L R   Seen Unseen									L	R	
L R   Seen     L R									L	R	
L R   Seen Unseen									L	R	
L R Seen Unseen									L	R	
L R Seen Unseen									L	R	
L R   Seen									L	R	
L   R   Unseen									L	R	
L R Seen Unseen									L	R	
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L R Seen Unseen									L	R	
L R Seen Unseen									L	R	
L R Seen Unseen									L	R	
L R Seen Unseen									L	R	
L R Seen Unseen  L R Seen Unseen  L R Seen Unseen									L	R	
L R Seen Unseen									L	R	
L K Unseen									L	R	
									L	R	
									L	R	

NOTE: Sample numbers on specimens must be the same as listed on this form.

Circle if the 3rd eyelid tissue came from the Left or Right eye. Circle if the lymphoid tissue was Seen or Unseen

Remarks:

## **COPY DESGINATIONS**

PART 1 - OFFICE PART 2 - OFFICE PART 3 - OWNER PART 4 - VETERINARIAN PART 5 - ASSIGNMENT

PLACE ON HARD SURFACE AND WRITE FIRMLY

"USE TYPEWRITER OR PRINT CLEARLY - PRESS HARD - YOU ARE MAKING 5 COPIES"